

ATTACHMENT 10

Insurance indicator “HMO”

When the Eligibility Verification System indicates the code “HMO” for “Other Coverage,” providers are required to submit claims for the following procedure codes to the commercial HMO prior to billing these procedures to Wisconsin Medicaid. The provider must be a member of the recipient’s commercial HMO to receive Wisconsin Medicaid reimbursement.

Service type	Service	Before HIPAA implementation (<i>Current Dental Terminology 3</i>)	After HIPAA implementation (<i>Current Dental Terminology 4</i>)
Diagnostic	Exams	D0120, D0150, D0160	D0120-D0170
Preventive	Cleanings	D1110-D1120	D1110-D1120
Restorative	Fillings	D2110-D2160	D2140-D2394
Oral and Maxillofacial Surgery	Extractions	D7210-D7250	D7111-D7250
Surgical	Surgeries	D7260-D7780, D7840, D7850, D7910-D7991	D7260-D7780, D7840-D7850, D7910-D7991